

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41609

FILED DEC 27 1950

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3836		Registrar's No. 129			
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>NEOSHO P.F.D. #5</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEOSHO TWP.</u>									
3. NAME OF DECEASED (Type or Print) <u>ETHEL</u>		a. (First) <u>LOIS</u>		b. (Middle) <u>BURTON</u>		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 14, 1950</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>			
8. DATE OF BIRTH <u>OCT 25, 1950</u>		9. AGE (In years last birthday) <u>1</u>		10. MONTHS <u>1</u>		11. DAYS <u>19</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NEOSHO MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>GLENN BURTON</u>		13b. MOTHER'S MAIDEN NAME <u>ADA BELLE BURRIS</u>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GLENN BURTON</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>No Physician in attendance</u> DUE TO (c) <u>attendance</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>491X</u>				19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>Dec. 14, 1950</u> , and that death occurred at <u>2 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Orley Thompson</u>				23b. ADDRESS <u>Neosho Missouri</u>		23c. DATE SIGNED <u>12/14/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-15-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GILSON</u>		24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Borman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson</u>		ADDRESS <u>Neosho Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10
RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 1250-276

Date Filed 12/20/50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Corley Thompson Jr.
working under my personal supervision.

Student Embalmer No. 384

Student Corley Thompson Jr.
Student Embalmer

Signed

Corley Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address

Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.